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PTO/SB/05 (03-01)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. X-618-3-1D US	
	First Inventor Kevin T. Look	
	Title Mask-Alignment Detection Circuit in X and Y Directions	
	Express Mail Label No. EV 000334468 US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents P.O. Box 1450; Mail Stop Patent Application Alexandria, Virginia 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages 21] <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequent listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 08] 4. Oath or Declaration [Total Pages 02] a. <input type="checkbox"/> (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 5. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy (CRC) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
ACCOMPANYING APPLICATION PARTS	
8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C 122 (b)(2)(B). Applicant must attach form PTO/SB/35 or its equivalent. 16. <input checked="" type="checkbox"/> Other: Priority IDS	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: **09/514,041**
 Prior application information: Examiner **Andre Stevenson** Group / Art Unit: **2812**

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label **24309** or ☐ Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name Attn: Lois D. Cartier	
Address	
City	State Zip Code
Country	Telephone 720-652-3733 Fax 408-377-6137

Name (Print/Type) Lois D. Cartier	Registration No. (Attorney/Agent) 40,941
Signature	Date October 7, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop: Patent Application, P.O. Box 1450, Alexandria, Virginia, 22313-1450.



FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810.00)

Complete if Known

Application Number	Unknown
Filing Date	October 7, 2003
First Named Inventor	Kevin T. Look
Examiner Name	Unknown
Art Unit	Unknown
Attorney Docket No.	X-618-3-1D US

METHOD OF PAYMENT (check all that apply)

1. ☒ Deposit Account:

Deposit
Account
Number

24-0040

Deposit
Account
Name

XILINX, INC.

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity

Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	Utility filing fee	\$770
1002	320	Design filing fee	
1003	490	Plant filing fee	
1004	770	Reissue filing fee	
1005	160	Provisional filing fee	

SUBTOTAL (1) (\$ 770.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
07		-13	X	\$0
Indep. Claims	-3** =	-2	X	\$0
Multiple Dependent			X	

Large Entity

Fee Code	Fee (\$)	Fee Description
1202	18	Claims in excess of 20
1201	86	Independent claims in excess of 3
1203	290	Multiple dependent claim, if not paid
1204	86	**Reissue independent claims over original patent
1205	18	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

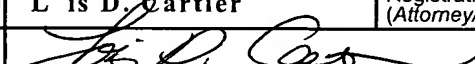
3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet.	
147	2,520	For filing a request for reexamination	
1812	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	Extension for reply within first month	
1252	420	Extension for reply within second month	
1253	950	Extension for reply within third month	
1254	1,480	Extension for reply within fourth month	
1255	2,010	Extension for reply within fifth month	
1401	330	Notice of Appeal	
1402	330	Filing a brief in support of an appeal	
1403	290	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	110	Petition to revive - unavoidable	
1453	1,330	Petition to revive - unintentional	
1501	1,240	Utility issue fee (or reissue)	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	Submission of Information Disclosure Stmt	
8021	40	Recording each patent assignment per property (times number of properties)	\$40
1809	770	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	Request for Continued Examination (RCE)	
Other fee (specify)			

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	L is D. Cartier	Registration No. (Attorney/Agent)	40,941	Telephone	720-652-3733
Signature		Date	10-07-2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.